MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04499

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Pine Pole Road Route 2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 75 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Anderson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 20 1865

8. AGE:

Years	Months	Days	If less than one day
75	—	20	hrs. min.

9. Birthplace: Somerset Co. Md.

(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: Farm Labor

FATHER

12. Name: Robert Anderson Sr

13. Birthplace: Somerset Co., Md.

MOTHER

14. Maiden name: Lizzie Meucher

15. Birthplace: Somerset Co., Md

16. Informant: Zippie Gale

Address: Princess Anne, Rt. 2, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 4-15-40 (month) (day) (year)

Cemetery or crematory

Location: Princess Anne

18. Funeral director: Williams Funeral Home

Address: Princess Anne Md.

19. 4/13 1940 (Date rec'd by registrar) J J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10th 1940, at 5 o'clock P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 1940, to April 10 1940, and that I last saw him alive on April 1 1940.

Immediate cause of death: Chronic Interstitial Nephritis — DURATION: 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Edgar L. Myers M.D. (M. D. or other)

Address: Princess Anne, Md. Date signed Apr 12 1940

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-08 — 04560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Chance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Chance Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jules Birans

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single.

6 (b) Name of husband or wife:
6(c) If alive, give age ~~today~~ years

7. Birth date of deceased (mo., day, yr.): Febmary 24, 1940

8. AGE: Years	Months	Days	If less than one day
—	1	10	hrs. min.

9. Birthplace: Chance (Town, county, and state)
10. Usual occupation: infant
11. Industry or business:
FATHER 12. Name: Roland Birans
13. Birthplace: Chance
MOTHER 14. Maiden name: Letha Wright
15. Birthplace: Chance
16. Informant: Mothers father
Address: Chance
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 5 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Chance Md
18. Funeral director: Fred T Webster
Address: Deals Island Md
19. April 5 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 24 1940, to March 6 1940, and that I last saw him alive on March 6 1940.

Immediate cause of death	DURATION
Prematurity	40 days
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: V. L. Stanton M.D. (M. D. or other)
Address: Deal Island Date signed 4-5-40

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04501

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Broadway

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Susan Bradsha w

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Hampliton Bradshaw

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4 1860

8. AGE: Years: 80 Months: 0 Days: 26 If less than one day: hrs. min.

9. Birthplace: Tangier, Accomac, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Ra ymond Pruitt

13. Birthplace: Tangier Va

MOTHER 14. Maiden name: Margaret Killman

15. Birthplace: ? Va

16. Informant: Lewis Bradshaw

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4 1940 (month) (day) (year)

Cemetery or crematory: Tylerton cemetery

Location: Smith Island Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. April 3 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to April 2 1940

and that I last saw h er alive on April 2 1940

Immediate cause of death	DURATION
Acute dilatation of heart, asthenia	
Due to Cardio-Vascular-Renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Chas P. Schwalbe M. D. or other

Address: Crisfield Date signed April 4 40

RECEIVED
MAY 4 1940
BUREAU V. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

04502

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 18 Antioch Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Helen Brown

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 4

8. AGE: Years ~~Unknown~~ Months app 5 Days 7 years If less than one day hrs. min.

9. Birthplace ~~Pennsylvania~~ New York
(Town, county, and state)

10. Usual occupation School + Music Teacher

11. Industry or business

FATHER
12. Name James A. Brown
13. Birthplace England

MOTHER
14. Maiden name Kathryn Soper
15. Birthplace Unknown

16. Informant J. Randolph Fields
Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12, 1940 (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Princess Anne Md.

18. Funeral director Dale Nashkell

Address Princess Anne, Md.

19. Apr 11th 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9th 1940, at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Angina Pectoris

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T J Smith M. D. or other

Address Princess Anne Md Date signed 4/11-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20th)

04503

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 15

1. PLACE OF DEATH:

County Somerset

City or town Oakville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Oakville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - West Princess Anne
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maggie Serenda Doane

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife William Doane

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 70 yrs | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace West Postoffice - Somerset-Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Cannon
13. Birthplace Somerset County

MOTHER
14. Maiden name Airy Ballard
15. Birthplace Somerset County

16. Informant Littleton Cannon (brother)

Address West Postoffice, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/17/40 (month) (day) (year)

Cemetery or crematory St. Mary's

Location West Postoffice, Md.

16. Funeral director James D. Dennis

Address Princess Anne, Md.

19. Apl 16th (Date rec'd by registrar) 1940 T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1940, to Ap 13 1940, and that I last saw her alive on April 11th 1940.

Immediate cause of death	DURATION
Acute Gastro Enteritis	10 days
Due to	
Due to	
Other conditions Umbilical Hernia	20 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eddie L. Mansman M. D. or other

Address Princess Anne, Md Date signed 4-15-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04504

Reg. Dist. No. 710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Crisfield, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Somerset

City or town Westover Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Irving O. Dryden

3. (b) Social Security Number None

4. Sex: male | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 14, 1876

8. AGE: Years 64 | Months 2 | Days 29 | If less than one day hrs. min.

9. Birthplace Westover, Somerset, Md (Town, county, and state)

10. Usual occupation Rural Mail Carrier

11. Industry or business

FATHER 12. Name Robert H. Dryden

13. Birthplace Md

MOTHER 14. Maiden name Jane Dryden

15. Birthplace Md

16. Informant Arthur McDaniel

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15, 1940 (month) (day) (year)

Cemetery or crematory Cemetery - M. E.

Location Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 4/13 1940 Eurelia P. Fawson Deputy Registrar (Date rec'd by registrar)

C. E. Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 12 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 13 1940, and that I last saw him alive on April 12 1940.

Immediate cause of death	DURATION
Pneumonia	
Due to Acute Dilatation of Heart	6 days
Due to First Pulmonary Infarction	
Due to Thrombosis of Right Femoral Vein	
Due to Anterior Coronary Occlusion	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Auto Accident April 7 Date of April 7 40

Where did injury occur? State Road (City or town) Somerset Co (County) Md (State)

Injured at home, farm, Industry, public place (where) State Road

Means of injury Auto accident Injured at work? No

23. SIGNATURE George C. Cochran M.D. M. D. or other

Address Mount Vernon Md Date signed April 13 40

RECEIVED
MAY 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04505

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Noah Fisher

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife: None
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? 1920

8. AGE: Years	Months	Days	If less than one day
About 20	?	?	hrs. min.

9. Birthplace: New Church Va
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Ned Fisher
13. Birthplace: ?

MOTHER
14. Maiden name: Manie Hargis Griffin
15. Birthplace: ?

16. Informant: Elisha Whealton
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 16 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia Cem
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. April 15 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1940 about 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when found Sept 13 to 19
and that I last saw alive on 19

	DURATION
Immediate cause of death: Contusion or Frontal Region over Right Superciliary region Ecymosis under Left eye Due to Perforation - Pistol	
Due to: Bullet wound in Right temple with powder burns & Skin + in Bone	
Other conditions: Bullet Removed by	

(Include pregnancy within 3 months of death)

Major findings of Autopsy
Of operations:
Of autopsy: Same as above -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident, suicide~~, or homicide: Date of 9-13-40
Where did injury occur? Crisfield Somerset Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) On side street
Manner injured: Shot with pistol Injured at work? no

23. SIGNATURE: Wm H Coulbourn M D
M. D. or other
Address: Crisfield Md Date signed: Sept 15 40
Deputy Medicaid Examiner for Somerset

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

04506

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Linden Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Noah Noah Gibbons

3. (b) Social Security Number 213-01-8689

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

B (b) Name of husband or wife Nellie Gibbons

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 18 1874

8. AGE:

Years	Months	Days	If less than one day
65	9	9	____ hrs. ____ min.

9. Birthplace Somerset (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Noah Gibbons

FATHER 13. Birthplace Somerset Co

MOTHER 14. Maiden name Mary Miller

MOTHER 15. Birthplace Somerset Co

16. Informant Mrs. A. N. Gibbons

Address Princess Anne

17. burial (Burial, cremation, or removal. Which?) Date thereof April 29 1940 (month) (day) (year)

Cemetery or crematory Pocomoke City

Location Worcester Co.

18. Funeral director P. M. Smith

Address P. Anne

19. Apr. 27 1940 (Date rec'd by registrar) P. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Cerebral Hemorrhage DURATION 14 days

Due to Arteriosclerosis

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE P. Smith M. D. or other

Address Princess Anne Md. Date signed 4/27/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04507

CERTIFICATE OF DEATH

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Eden

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 56 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Eden Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Jennie Wilson Gillis

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: James B. Gillis

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1883.

8. AGE:

Years	Months	Days	If less than one day
56	3	8	____ hrs. ____ min.

9. Birthplace: Girdletree, Worcester, Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: Asbury Fooding
13. Birthplace: Somerset Co., Md.

MOTHER
14. Maiden name: Janie Bozman
15. Birthplace: Worcester Co., Md.

16. Informant: Mrs. Rosina Malone, Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/3/40 (month) (day) (year)

Cemetery or crematory: Allen M. E.

Location: Allen, Md.

18. Funeral director: The Wills & Johnson Co., Address: Salisbury, Md.

19. 4/3 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1, 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Apr 1 1940 to Apr 1 1940, and that I last saw h[illegible] alive on Apr 1 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 hrs.

Due to: Hyper. Tension — 7 yrs.

Due to: Arteri. Sclerosis — 7 yrs.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: [illegible] M. D. or [illegible]

Address: Salisbury, Md. Date signed: 4/3/40

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MAY 6 1940
BUREAU V. S.

04508

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ~~Somerset~~ Maryland County Somerset

City or town Pr Anne Md Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Washington Gillis Hayman

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary E. Hayman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~1868~~ July 17th 1868

8. AGE: Years 71 Months 9 Days 23 If less than one day 7 hrs. AM min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER 12. Name Randall Hayman

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Pollitt

15. Birthplace Maryland

16. Informant Mary Banks

Address Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12 1940 (month) (day) (year)

Cemetery or crematory Monokin

Location Princess Anne

18. Funeral director P M Smith

Address Princess Anne

19. Apr. 12th 1940 (Date rec'd by registrar) J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Gun-shot wound of head (Death instantaneous)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4/10/40

Where did injury occur? Hon Princess Anne Somerset Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shotgun Injured at work? No

23. SIGNATURE Roy McCandlish Md M. D. or other

Address Princess Anne Md Date signed 4/10/40

HENRY M. LAUGHLIN M.D. Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 6 1940
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04509

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ola Holden

3. (b) Social Security Number 147-10-2981

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widow

8 (b) Name of husband or wife: George Holden

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 29-1892

8. AGE: Years 47 Months 8 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Deal Island Somerset Co Md (Town, county, and state)

10. Usual occupation Oyster opener

11. Industry or business

FATHER

12. Name Grant Jones

13. Birthplace Deal Island

MOTHER

14. Maiden name Sarah Roberson

15. Birthplace Deal Island

16. Informant Mrs Maggie Lattman

Address Crisfield Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 12 1940 (month) (day) (year)

Cemetery or crematory Wesley Cemetary

Location Marion Md

18. Funeral director Chas H Ward

Address Marion Md.

19. 4/11 1940 (Date rec'd by registrar) Aurelia B. Lawson Deputy Registrar C. E. Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to April 9 1940, and that I last saw h[illegible] alive on April 4 1940.

Immediate cause of death 4 [illegible] myocarditis: Chronic Dust nephritis Uremia

Due to

Due to Chronic Dust nephritis Chronic myocarditis

Other conditions Circumcision of uterus

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 mth; 2 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M.D. M. D. or other

Address Marion Md. Date signed April 10 40

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MAY 4 1940
BUREAU V. S.

04510

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Rehoboth, near Marion, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 42 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Rehoboth, Near Marion, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Minnie Johnson

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Johnson (deseased)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct, 11, 1907

8. AGE: Years 42 | Months 6 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace: Near Marion, Somerset, Md (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER

12. Name: Fen Wilkins

13. Birthplace: ? Somerset County Md

MOTHER

14. Maiden name: Ella Walston

15. Birthplace: ? Somerset County, Md

16. Informant: Annie Holton

Address: R #1, Westover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 28 -40 (month) (day) (year)

Cemetery or crematory: Marumsco Cemetery

Location: Near Marion, Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 4/28 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 26 1940, and that I last saw her alive on April 25 1940.

Immediate cause of death: Acute Del 1 Hand Pulmonary Tuberculosis

Due to

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: 18 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George C. Caulbrun M. D. or other

Address: Marion Sta Md Date signed: April 26 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04511

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Charity Ann Jones

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. If single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George R. Jones
6(c) If alive, give age: 82 years
7. Birth date of deceased (mo., day, yr.): March 27, 1857
8. AGE: Years: 83 Months: 4 Days: 26 If less than one day: hrs. min.
9. Birthplace: Dorchester County Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Johnson
13. Birthplace: Mt. Vernon, Md.
MOTHER 14. Maiden name: Elizabeth Marsh
15. Birthplace: Mt Vernon, Md.
16. Informant: Mrs Minnie Watson
Address: Mt Vernon, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 23 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Mt Vernon, Md.
18. Funeral director: Hale Washiell
Address: Princess Anne, Md.
19. 4/22 1940 (Date rec'd by registrar) J. T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10th 1940, to April 21st 1940, and that I last saw h alive on April 20th 1940.

Immediate cause of death: Ch. Myocardial Failure — Duration: hrs. min.
Due to: Senile Gangrene of Left Foot
Due to: S.L. Cancer
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Thos B Hall M.D.
M. D. or other
Address Princess Anne Date signed 4/22/40

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MAY 6 1940
BUREAU V. S.

04512

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

Reg. Dist. No. 267

1. PLACE OF DEATH:

County Somerset

City or town Dames Quarter
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 72 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Dames Quarter Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Jones

3. (b) Social Security Number

4. Sex Male

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Susie Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Dames Quarter, Md
(Town, county, and state)

10. Usual occupation Farm Labor

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden name Unknown
15. Birthplace —

16. Informant Monroe Jones

Address Dames Quarter Md

17. (Burial, cremation, or removal. Which?) Date thereof april 4 - 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Fred T. Webster

Address Deals Island Md

19. april 2 1940 Mrs. W. S. Kelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6th 1940, to April 1 1940, and that I last saw him alive on March 29th 1940.

Immediate cause of death

Senile Gangrene of Right Foot

Due to Arterial Sclerosis

Due to age

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eedore G. Meersman
M. D. or other

Address Princ. Anne, Md Date signed Ap 3 '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04513

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Emmitsburg

City or town: Mason St Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): Na

Stay in this community (yrs., or mos., or days): 83 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marions Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nancy Kersey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fmale	Col.	widowed

6 (b) Name of husband or wife: Sidney Kersey

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
83	—	—	— hrs. — min.

9. Birthplace: Mason Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER — 12. Name: Nelson Dennis

13. Birthplace: Md

MOTHER — 14. Maiden name: Flossie —

15. Birthplace: Md.

16. Informant: Nelson Kersey

Address: Mason Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 23 1940 (month) (day) (year)

Cemetery or crematory: Family burying Lot

Location: Marions, Md

18. Funeral director: Geo W Tolgtmann

Address: Mdrions Md

19. 4/27 1940 (Date rec'd by registrar) Cordia P. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to April 20 1940, and that I last saw her alive on April 15 1940.

Immediate cause of death	DURATION
Acute Dilatation Stomach	
Immediate dilatation.	
Due to Chronic Duct regurgitation	
Myocarditis	4 yrs
Due to Senile Arteriosclerosis	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo C Coulbourn M D

M. D. or other

Address: Mason St Md Date signed April 20 40

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MAY 4 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1 Md.

04514

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hosp

Stay in hospital or inst. (yrs., or mos., or days) 3 hrs.

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester Co

City or town Hurlock Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harold McMahon

3. (b) Social Security Number None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Irene Julia McMahon

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1905

8. AGE: Years 35 | Months 1 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace: New Federalsburg Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm work

FATHER

12. Name: Lennie McMahon

13. Birthplace: Federalsburg Md. Md.

MOTHER

14. Maiden name: Major

15. Birthplace

16. Informant: Mrs Harold McMahon

Address: Hurlock Md

17. (Burial, cremation, or removal, Which?) Date thereof: Apr. 28, 1940 (month) (day) (year)

Cemetery or crematory: Church of God

Location: Federalsburg Md

18. Funeral director: F. S. Lawson & Son

Address: Crisfield, Md.

19. April 26, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from was dead when I arrived 19 19

and that I last saw alive on 19

Immediate cause of death: Tire Blow out on Truck - and hit Culvert

Due to: Causing Compound Fracture Right Leg

Due to: Fracture Pelvis Ruptured Bladder

Other conditions: Shock

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 4/25/40

Where did injury occur? Mr. Marion Son Ks (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury: Auto accident Injured at work? yes

23. SIGNATURE: Wm H Coulbourn M.D. M. D. or other

Address: Crisfield Md Date signed 6/25/40

Deputy Medical Examiner Somerset Co Md

RECEIVED
MAY 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154C)

04515

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McMcready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): 15 Years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Broadway (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rachel Lee Smith

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter Smith

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): July 30 1895

8. AGE: Years 44 Months 8 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace: Smith Island Somerset Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER

12. Name: Eligah Parks

13. Birthplace: Tangier Va

MOTHER

14. Maiden name: Laura Crockett

15. Birthplace: Tangier Va

16. Informant: Mrs Mary Evans

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 6 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. April 5, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 15 1940, to April 4 1940, and that I last saw her alive on April 3 1940.

Immediate cause of death: Uremia Sepsis

Due to: Osteo myelitis

Due to: Diabetes mellitus

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: Drainage of osteo myelitis

Of autopsy:

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: George C Coulbourn M.D. M. D. or other

Address: Minnow Mo Date signed: April 5 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195d

04516

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Wenona Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Priscilla Anne Stein

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1934

8. AGE: Years | Months 10 | Days | If less than one day hrs. min.

9. Birthplace Wenona Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Herman Stein

13. Birthplace Wenona Md

MOTHER

14. Maiden name Priscilla Taylor

15. Birthplace Wenona Md

16. Informant Mother Priscilla Stein

Address Wenona Md

17. Wenona Md Date thereof Apr. 26-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Paul's MEC

Location Wenona Md

18. Funeral director L G Webster

Address Deal Island Md

19. Apr 26th 1940 Rosa Webster

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 24 1940, and that I last saw her alive on April 21 1940.

Immediate cause of death Accidental strangulation on food

Due to

Due to

Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

8 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor L. Stanton M.D.

M. D. or other

Address Deal Island Date signed 5-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

04517

Reg. Diat. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: West Main St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: W. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Josephine E. Tull

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: George A. Tull.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 9th 1866

8. AGE:

Years	Months	Days	If less than one day
73	10	11	hrs. min.

9. Birthplace: Somerset Co.
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: David Byrd.
13. Birthplace: Md.
MOTHER 14. Maiden name: Mary E.
15. Birthplace: Md.
16. Informant: Mrs. E. E. Tull
Address: Crisfield
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 23/40 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: near Crisfield
18. Funeral director: T. S. Lawson & Son
Address: Crisfield, Md.
19. April 22, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20th 1940, at 11:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to April 20 1940 and that I last saw her alive on April 20 1940

Immediate cause of death	DURATION
Coma	
acute dilated heart	7 hrs.
Due to Cardio-vascular-renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Chas. D. Schmitt M. D. or other
Address: Crisfield, Md. Date signed April 22/40

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MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04518

CERTIFICATE OF DEATH

Reg. Dist. No. 2-60

1. PLACE OF DEATH:
County Somerset
City or town Revells Neck.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriet ann Wagner

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Jacob Wagner
6(c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 84 | Months | Days | If less than one day hrs. min.

9. Birthplace Revells Neck, Somerset md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Washington Bozman
13. Birthplace Revells neck.

MOTHER
14. Maiden name Minnie Amy Nelson
15. Birthplace Crisfield Md

16. Informant Charles Wagner
Address Revells Neck Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20 1940 (month) (day) (year)
Cemetery or crematory Episcopal cem.
Location Princess Anne. Md.

18. Funeral director Dale Dashiell
Address Princess Anne Md.

19. 4/18 1940 (Date rec'd by registrar) J J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,
and that I last saw h alive on 19.

	DURATION
Immediate cause of death Chronic myocarditis	
Due to	
Due to	
Other conditions Arteriosclerosis	Not known

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J J Smith M. D. or other
Address Princess Anne Md Date signed 4/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

04519

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Somerset Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 37 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Grace Webb

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed

B (b) Name of husband or wife: William Webb

deseased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 23 1860

8. AGE: Years	Months	Days	If less than one day
79	6	23	____ hrs. ____ min.

9. Birthplace: Pocomoke Worchester Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER — 12. Name: William M Gibbions

13. Birthplace: Somerset County

MOTHER — 14. Maiden name: Matilda Long

15. Birthplace: Somerset County

16. Informant: William Webb

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. April 17, 40 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to April 16 1940, and that I last saw h[illegible] alive on April 16 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Cerebral Sclerosis	1 yr.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Payton M.D. M. D. or other

Address: Crisfield, Md Date signed April 23

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MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2008)

04520

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County: Somerset

City or town: Deals Island
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Deal Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Barnette F. Webster

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar 7 1940

8. AGE: Years | Months: 1 | Days | If less than one day: hrs. min.

9. Birthplace: Deals Island Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Allison Webster
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Estelle Webster
15. Birthplace: Deals Island Md

16. Informant: Estelle Webster
Address: Deals Island Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Apr 8 40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Deals Island Md

18. Funeral director: Fred F. Webster
Address: Deals Island Md

19. April 8 1940 (Date rec'd by registrar) Rora Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 17 1940, and that I last saw her alive on March 28 1940.

Immediate cause of death: Unestablished
Child was found dead, in bed.

Due to: Child had no history of illness.
No further information. [illegible]

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Victor L. Szanton M.D.
M. D. or other

Address: Deal Island Date signed: 4-8-40

APR 25 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

04521

CERTIFICATE OF DEATH

Reg. Dist. No. 260

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Effie Frances White

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Alonzo Lee White

(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) September 15, 1865

8. AGE:

Years	Months	Days	If less than one day
74	7	12	hrs. min.

9. Birthplace Somerset County Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Lewin Harris

13. Birthplace Somerset County Md

MOTHER

14. Maiden name Matilda Brydeck

15. Birthplace Somerset County Md

16. Informant Lutie White

Address Princess Anne Md

17. Burial Date thereof April 29 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Pocomoke City Md

18. Funeral director Wade Wastfield

Address Princess Anne Md

19. Apl 29th 1940 E Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
Acute Dilatation of Heart	Hours
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E Smith M. D. or other

Address Princess Anne Md Date signed Apr 29 40

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MAY 6 1940
BUREAU V. S.

04522

STATE OF MARYLAND—CERTIFICATE OF DEATH

82

1. PLACE OF DEATH

County Somerset Registration Dist. No. 267

Village or City Dames Quarter No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Wigfall White If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward White

6. DATE OF BIRTH (month, day, and year) Jan '31 1888

7. AGE Years 52 Months 7 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — Hwf.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

FATHER

13. NAME Arthur Roberts

14. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

MOTHER

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

17. INFORMANT (Address) Hampton Roberts Dames Quarter

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Dames 1/4 Date April 30 1940

19. UNDERTAKER (Address) Fred T. Webster Deals Island Md

20. FILED April 30, 1940 Mrs W. D. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1939, to April 29, 1940

I last saw her alive on April 28, 1940; death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	4.12.40

Other Contributory Causes of importance:

General Cellulitis	6.15.39

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldon G. Mavesman M. D.

(Address) Princess Anne, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 6 1940 U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN